**DTDC Express Limited**Regd. Office: No-3, Victoria Road
Bengaluru - 560047**ORIGIN****DEST.****POUCH NO.****DATE** 2-5-24

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Non Negotiable Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or its channel partner as the case may be, upon request.

1 Sender's (Consignor) Name: DEDE Health**2**Recipient's (Consignee) Name: Radhika Srinivasan

Company Name & Address: _____

Company Name & Address: New DelhiCity: _____ State: Gujarat PIN Code: _____

City: _____ State: _____ PIN Code: _____

Sender's GSTIN*: _____ *Where Applicable

Recipient's GSTIN*: _____ *Where Applicable

3 Nature of consignment (✓) Dox Non-Dox Total Num Pcs: _____**4**

Description of Content

Total Value of consignment for carriage / E-Way bill

DIM 1: L cm X B cm X H cm X Pcs Actual Wt.: kg

DIM 2: L cm X B cm X H cm X Pcs Volumetric Wt.: kg

DIM 3: L cm X B cm X H cm X Pcs Chargeable Wt.: kg

DOY

₹

5 Paper Work Enclosures**6**

Type of consignment (✓)

7

Value Added Services

CN Expiry Date

Commercial Non Commercial

Not Available

10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting**9** Charges Amount(₹)

a) Tariff (incl. Of FSC + Taxes)

b) Risk Surcharge

c) Total amount (a+b)

1807

Above charges are inclusive of GST & other taxes if applicable

Mode of Payment: Cash Card Wallet **8**

Mode (✓)

Surface Air Cargo Express

Consignment Number:



U29645333

Sender's Signature & Seal

Date: _____ Time: _____ AM/PM
I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.**11** Booking Branch / Franchisee Code
Courier Signature**12**

Risk Surcharge

Owner

Carrier

<http://www.dtdc.in> || customersupport@dtdc.com || +91-9606 911 811

SENDER COPY

Jan. 2024

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Vendor Code : 107445

Item : LOI Create Book - 8.5x12



DTDC Express Limited
 Regd. Office: No-3, Victoria Road
 Bengaluru - 560047

ORIGIN _____ **DEST.** _____
POUCH NO. _____ **DATE** 2-5-24

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Table Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or it's channel partner as the case may be, upon request.

(Consignor) Name: DEDE Health
Company Name & Address: _____
Gyandpur
City: _____ **State:** _____ **PIN Code:** _____
Sender's GSTIN*: _____ *Where Applicable

2
Recipient's (Consignee) Name: Md. Noman Sidi
Company Name & Address: _____
New Delhi
City: _____ **State:** _____ **PIN Code:** _____
Recipient's GSTIN*: _____ *Where Applicable

Nature of consignment **Dox** **Non-Dox** **Total Num Pcs:** _____
 M 1: L _____ cm X B _____ cm X H _____ cm X _____ Pcs **Actual Wt.:** _____ kg
 M 2: L _____ cm X B _____ cm X H _____ cm X _____ Pcs **Volumetric Wt.:** _____ kg
 M 3: L _____ cm X B _____ cm X H _____ cm X _____ Pcs **Chargeable Wt.:** _____ kg

4 **Description of Content** _____ **Total Value of consignment for carriage / E-Way bill** _____
 ₹ _____

Paper Work Enclosures _____

6 **Type of consignment** **Commercial** **Non Commercial** **7** **Value Added Services** **Not Available** **CN Expiry Date** _____

I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

9 **Charges** **Amount(₹)**
 a) **Tariff (incl. Of FSC + Taxes)** _____
 b) **Risk Surcharge** _____
 c) **Total amount (a+b)** 3801
 Above charges are inclusive of GST & other taxes if applicable

8 **Mode** **Surface** **Air Cargo** **Express**
Consignment Number: _____

U29645336

Sender's Signature & Seal _____
Time: _____ **AM/PM** _____
 I have read and understood terms & conditions printed overleaf of consignment note and I agree to the same.

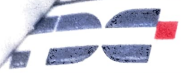
11 **Booking Branch / Franchisee Code** _____
Courier Signature _____

12 **Risk Surcharge** _____
Owner _____
Carrier _____

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DTDC Express Limited
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 Bengaluru - 560047

ORIGIN

DEST.

POUCH NO.

DATE

2-5-24

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Variable Consignment Note / Subject to Bengaluru Jurisdiction.

The consignment note is not a tax invoice. A tax invoice will be made available by DTDC or it's channel partner as the case may be, upon request.

(Consignor) Name: DEOC Health
 Company Name & Address: _____
Gyanpur
 City: _____ State: _____ PIN Code: _____

2
 Recipient's (Consignee) Name: Sohan Lal Ph: _____
 Company Name & Address: _____
New Delhi
 City: _____ State: _____ PIN Code: _____

Sender's GSTIN*: _____ *Where Applicable

Recipient's GSTIN*: _____ *Where Applicable

3	Nature of consignment (✓) Dox <input type="checkbox"/> Non-Dox <input type="checkbox"/>	Total Num Pcs:
DIM 1: L	cm X B cm X H cm X	Pcs Actual Wt.: kg
DIM 2: L	cm X B cm X H cm X	Pcs Volumetric Wt.: kg
DIM 3: L	cm X B cm X H cm X	Pcs Chargeable Wt.: kg

4	Description of Content	Total Value of consignment for carriage / E-Way bill
		₹


5 Paper Work Enclosures

6 Type of consignment (✓) Commercial Non Commercial **7** Value Added Services Not Available CN Expiry Date

10 I/We declare that this consignment does not contain personal mail, cash, jewellery, contraband, illegal drugs, any prohibited items and commodities which can cause safety hazards while transporting

9	Charges	Amount(₹)
a)	Tariff (incl. Of FSC + Taxes)	
b)	Risk Surcharge	
c)	Total amount (a+b)	180/-

8 Mode (✓) Surface Air Cargo Express

Consignment Number: 
 U29645335

Sender's Signature & Seal
 Date: _____ Time: _____ AM/PM
 I have read and understood terms & conditions printed overleaf of this consignment note and I agree to the same.

Above charges are inclusive of GST & other taxes if applicable
 Mode of Payment: Cash Card Wallet

11 Booking Branch / Franchisee Code

 Courier Signature

12 Risk Surcharge
 Owner
 Carrier

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